

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

ADDRESS (number and street)

PO Box 77492 -- Capitol Hill

Check if different
than previously
reported. (ACC)

Washington

DC

20013

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00389882

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert D. Kampia

Signature of Treasurer

Electronically Filed by Robert D. Kampia

Date

12

04

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		27937.93
(b) Cash on Hand at Beginning of Reporting Period	32154.19	
(c) Total Receipts (from Line 19)	7198.00	39569.26
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39352.19	67507.19
7. Total Disbursements (from Line 31)	23000.00	51155.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16352.19	16352.19
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6065.00	22405.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1133.00	17164.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	7198.00	39569.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	7198.00	39569.26
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7198.00	39569.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7198.00	39569.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	51030.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	125.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	23000.00	51155.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23000.00	51155.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7198.00	39569.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7198.00	39569.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Robert J. Ablon

Mailing Address 5848 Ocean View Dr.

City

Oakland

State

CA

Zip Code

94618-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer
New PassageOccupation
Writer

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	8

Transaction ID: SA11AI.8337

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Ablon

Mailing Address 5848 Ocean View Dr.

City

Oakland

State

CA

Zip Code

94618-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer
New PassageOccupation
Writer

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	0	8

Transaction ID: SA11AI.8336

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd.

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cyprus PathologyOccupation
Physician

Receipt For: 2008

☒ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	8

Transaction ID: SA11AI.8338

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Mett B. Ausley

Mailing Address 3412 Waccamaw Shores Rd.

City

Lake Waccamaw

State

NC

Zip Code

28450-9442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cyprus Pathology

Occupation
Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8339

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Marc Bejarano

Mailing Address 190 North St. # 2

City

Somerville

State

MA

Zip Code

02144-1153

FEC ID number of contributing
federal political committee.

C

Name of Employer
OpenWave Systems, Inc.

Occupation
information technology (IT)

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.8341

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

James H. Cook

Mailing Address 43 Musconetcong River Rd.

City

Hampton

State

NJ

Zip Code

08827-3021

FEC ID number of contributing
federal political committee.

C

Name of Employer
James H. Cook

Occupation
Public Interest Consultant

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.8351

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Ted Kerkelis

Mailing Address 1943 Howard Ave.

City

San Diego

State

CA

Zip Code

92104-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8381

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Ann Edwards Lee

Mailing Address 6103 S. Braeswood Blvd.

City

Houston

State

TX

Zip Code

77096-3713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8385

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Daniel Lewis

Mailing Address 4000 Ponce De Leon Blvd

City

Coral Gables

State

FL

Zip Code

33146-1431

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.8388

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Claudia Little

Mailing Address 4426 Adair St.,

City

San Diego

State

CA

Zip Code

92107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

former registered nurse

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8390

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Claudia Little

Mailing Address 4426 Adair St.,

City

San Diego

State

CA

Zip Code

92107

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

former registered nurse

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8391

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Donald L. McMahon

Mailing Address 19495 Nelson Rd.

City

Saint Charles

State

MI

Zip Code

48655-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8401

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8404

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael Newman

Mailing Address 27141 Lerma

City

Mission Viejo

State

CA

Zip Code

92691-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8403

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Matthew Rifkin

Mailing Address 73-4622 Mamalahoa Hwy.
Unit B2

City

Kailua Kona

State

HI

Zip Code

96740-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8418

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Robert A. Shinstrom

Mailing Address P.O. Box 2845

City

Kirkland

State

WA

Zip Code

98083-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8421

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael Stearns

Mailing Address 3240 Peralta St. Apt. 9

City

Oakland

State

CA

Zip Code

94608-4130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8425

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

William M. Waring

Mailing Address 152 Berrywood Dr.

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8439

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

William M. Waring

Mailing Address 152 Berrywood Dr.

City

Severna Park

State

MD

Zip Code

21146-2032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8440

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Carolyn R. Whitford

Mailing Address 9434 E. Colonial Dr.

City

Orlando

State

FL

Zip Code

32817-4150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8446

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Wolfgang W. Wolf

Mailing Address 2800 Grand Ave. S, Apt. 213

City

Minneapolis

State

MN

Zip Code

55408-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Hospital & Clin-
ics

Occupation
registered nurse

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8448

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

Wolfgang W. Wolf

Mailing Address 2800 Grand Ave. S, Apt. 213

City

Minneapolis

State

MN

Zip Code

55408-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Hospital & Clin-
ics

Occupation

registered nurse

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.8447

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

6065.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

ARIZONA STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE

Mailing Address 2910 North Central Avenue
0

City State Zip Code
Phoenix AZ 85012

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8320

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BARBARA LEE FOR CONGRESS

Mailing Address 1736 FRANKLIN STREET #400

City State Zip Code
OAKLAND CA 94612

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 09

Transaction ID: SB23.8298

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

BARNEY FRANK FOR CONGRESS COMMITTEE

Mailing Address P O BOX 260

City State Zip Code
NEWTONVILLE MA 02460

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 04

Transaction ID: SB23.8328

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

BLUMENAUER FOR CONGRESS

Mailing Address 921 SW Washington Suite 810

City State Zip Code
Portland OR 97205

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: SB23.8329

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8326

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF NEW MEXICO

Mailing Address 1301 San Pedro Blvd. NE

City State Zip Code
Albuquerque NM 87110

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8314

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL COMMITTEE OF LA	Transaction ID: SB23.8316 Date of Disbursement
Mailing Address Post Office Box 4385	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Baton Rouge State LA Zip Code 70821	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Farr	Transaction ID: SB23.8331 Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) INDIANA DEMOCRATIC CONGRESSIONAL VICTORY COMMITTEE	Transaction ID: SB23.8309 Date of Disbursement
Mailing Address 1 North Capitol Suite 200	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 8 / 2 0 0 8</div> </div>
City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

JEFF MERKLEY FOR OREGON

Mailing Address 2236 SE 10TH AVE

City
PORTLAND

State
OR

Zip Code
97214

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.8311

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MIKE HONDA FOR CONGRESS

Mailing Address P.O. Box 8180

City
San Jose

State
CA

Zip Code
95155

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 15

Transaction ID: SB23.8303

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nadler for Congress

Mailing Address Village Station PO Box 40

City
New York

State
NY

Zip Code
10014

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 08

Transaction ID: SB23.8333

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

PASTOR FOR ARIZONA

Mailing Address PO BOX 6554

City
PHOENIX

State
AZ

Zip Code
85005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 04

Transaction ID: SB23.8330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

PAUL BROWN COMMITTEE

Mailing Address PO Box 7165

City
Athens

State
GA

Zip Code
30604

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.8322

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.8332

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A. Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 09

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.8319

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SERRANO FOR CONGRESS

Mailing Address AUDUBON STATION
P.O. BOX 711

City NEW YORK State NY Zip Code 10032

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.8324

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
UDALL FOR COLORADO INC

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.8308

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Marijuana Policy Project Medical Marijuana PAC or MPP Medical Marijuana PAC

A.

Full Name (Last, First, Middle Initial)

UDALL FOR US ALL

Mailing Address 3311 CANDELARIA NE SUITE A

City
ALBUQUERQUE

State
NM

Zip Code
87107

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 00

Transaction ID: SB23.8305

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

23000.00